Nursing Home Care Eligibility via MDS Algorithm
June 5, 2006 Web Cast
Question and Answer Document

Subject	Question
1. Nursing Home Care Eligibility via MDS	Question: Thank you - great format and great presentation. This was a very positive and effective way to provide the information. The incorporation of the logic model is one that indeed acknowledges the skills of professional staff
	Answer: We appreciate your positive response! The MDS level of care logic is designed to reflect the best thinking of nurses expert in nursing home assessments and levels of care.
2. Logic and Private Pay Residents	Question: Does this affect private pay residents and their eligibility for the NH admission?
	Answer: The "nursing home eligibility" is for Wisconsin Medicaid payment only, so does not apply to residents with other pay sources.
3. Functional Screen	Question: What does the functional screen look like? Where/when is it done? Where is it accessed? What is the schedule for when it to be completed?
	Answer: Wisconsin's Long-Term Care Functional Screen is completed by community (usually county) care managers to determine individuals' eligibility and level of care for home-and community-based waiver programs such as COP, CIP, etc. Some nursing homes are familiar with it; others are not. For more information, see www.dhfs.state.wi.us/LTCare/FunctionalScreen.
4. Appealing the Determined LOC	Question: Maybe I missed this in the presentation...If the facility does not agree with the LOC determined using the new process what is the procedure to appeal the LOC?
	Answer: For now, nursing homes will receive only the "nursing home eligible/ineligible" results of the MDS LOC Logic, not the specific level of care. Whenever a resident has been determined "not eligible" by the computer program, a state nurse consultant will contact the facility to review the case and ensure that the MDS information is complete and accurate. If necessary, the MDS can be corrected and re-submitted. If clinical review confirms that the person does not meet any nursing home level of care and is thus ineligible for Medicaid payment for nursing home, then the resident and the facility will be notified of the denied service coverage. The notifications will include appeal rights information. Appeals and payment processes will be the same as they have been.
5. Group Q	Question: I don't see Group Q in the handouts?
	Answer: This error has been corrected.
6. ISN	Question: What is the correct B on Slide 43?
	Answer: This error has been corrected.
7. Clarification	Question: On Page 12, Box #35... Is this supposed to be an ICF-1 or SNF?
	Answer: ICF-1. Most individuals with these conditions will receive SNF level of care due to a combination of needs and conditions. However, if the person had ONLY one of these Category C conditions--with little or nothing else--the level of care would be ICF-1.

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8. LOC	Question: How often will a LOC be determined?
	Answer: The MDS LOC algorithm will be run (at EDS) on all "Full MDS" forms submitted to the State. The algorithm will be used only to confirm eligibility for Medicaid nursing home coverage, not to determine specific LOC. Current LOCs will be extended. During BQA surveys, the facility will indicate each resident's LOC for minimal staffing purposes; MDS LOC algorithm results will not be used at this time.
9. Specialized Services Level of Care	Question: If we have a DD in the nursing home who receives specialized services and should get a DD level of care....what do we do?
	Answer: Continue to request a DD LOC from your BQA regional office. The DD LOC determination process is not changing at this time.
10. Logic Objectivity	Question: Much is being made of the objectivity of the logic process. However, subjectivity remains an issue in completing the MDS. What plans, if any, are there for retraining and reviewing accuracy of the MDS data? The RN review mentioned will help assure that there is not "undercoding" of individual needs. Is there any process to assure that there is no "overcoding" of needs?
	Answer: BQA will continue to survey for accurate, timely MDS. This is very important to CMS as well. Extensive MDS quality assurance mechanisms (including trainings) already exist. Exaggerating individuals' needs or deficits will trigger more RAPs (Resident Assessment Protocols) and affect staffing ratios and quality of care requirements. Submitting false information would constitute Medicaid and/or Medicare fraud, for which there are serious penalties.
11. NH LOC	Question: Is this new system actually starting on 7/01/06 and do we really stop submitting the paper LOC as of that date?
	Answer: Yes, the new system will be implemented on July 1, 2006. No, facilities do not stop submitting the paper LOC request. Facilities will continue to submit the same form used previously (DDE-2256) to their regional BQA office requesting an <u>eligibility for care</u> determination (not a Level of Care determination). However, no additional supporting documentation is required. This answer applies to residents who have an MDS in the system and are new Medicaid recipients or who have experienced a significant Change of Condition resulting in a new full MDS. Requests for eligibility for nursing home care determination for residents who do not and will not have a full MDS in the system (usually very short stay residents) will require supporting documentation to be submitted instead. DDE-2256: http://dhfs.wisconsin.gov/forms/DDES/DDE2256.pdf
12. Notification	Question: How will facilities be notified of the LOC determination?
	Answer: EDS will notify facilities of the resident's eligibility for nursing home care determination.
13. Deadline to Send to BQA	Question: If our facility has a resident admitted on June 30, 2006 and is Medicaid. If we send it in postmarked June 30th, will it be processed or does it have to arrive at BQA before July 1, 2006?
	Answer: June 30th admissions fall under the BQA nurse determined LOC method. July 1st admissions will be processed under the MDS based automated nursing home eligibility method.

Subject	Question
14. MDS = RUGS	Question: Is the MDS used to determine RUGS categories?? If not where does RUGS come from? If MDS used for determining RUGS it does have a major impact on rates.
	Answer: The RUGS (Resident Assessment Groupings) are based on MDS data entered, and are the basis of Medicare payments. Starting July 1, 2006, Wisconsin Medicaid will gradually switch to a RUGS-based payment system (aka "acuity-based.") So, yes, MDS information does affect payments based on RUGS. RUGS does not recognize ineligibility for Medicaid coverage of nursing home care—i.e., a failure to make any level of care. The new MDS LOC algorithm will do this. Stakeholders decided not to use the MDS LOC algorithm's specific levels of care, so it will not affect rates. It will only be used to find those very few people who are not eligible for Medicaid payment for nursing home, i.e., who do not meet any nursing home level of care.
15. RAPS	Question: Are RAPS going to be a deciding factor in determining the LOC?
	Answer: No.
16. MA Certified Only	Question: Being in a MA Nursing Home, not Medicare certified, how is the RUG System introduced initially and ongoing?
	Answer: The DHFS Division of Health Care Financing will be releasing Provider Updates to address all aspects of the new Medicaid RUGS acuity-based reimbursement method. For more information, see www.cms.gov and search for RUGs.
17. Functional Screen	Question: Who is responsible to do the functional screen?
	Answer: Generally County staffs conduct Functional Screens. Functional Screens will apply only to nursing home residents who have DD to ascertain their DD LOC. The DD LOC confirms eligibility for nursing home care.
18. EDS Claims Processing	Question: When will EDS be ready to process NH claims under the new payment formulas? In speaking with some individuals at a recent PES seminar, they were not aware of the fact there was even going to be a change, and suggested that we get a line of credit available, in case they are not ready!!
	Answer: July 1, 2006.
19. Levels of Care	Question: Paul seemed to state that the facility will now be responsible for setting a level of care, documenting that level of care, and being able to produce a census by resident of levels of care. Did I capture this accurately?
	Answer: BQA's survey process regarding staff ratios for a given census and residents' levels of care is not being changed. Nursing home staff will complete the same census/level of care form as always. These levels of care will be the facility's best judgment of level of care for each resident. Documentation requirements for this process are no different from in the past. The automated Level of Care algorithm will not be used for this process, at least for now.
20. MDS Timing	Question: Does a new full MDS have to be done when a client goes MA? Or, will the last full MDS be used?
	Answer: The last full MDS will be used.

Subject	Question
22. Pending T19 cases	Question: Please expand on the how the patients that are pending T19 on 6/30/06 are to be handled? Also how are we to handle the medicare/medicaid pending people?
	Answer: Please refer to question #13.
23. LOC	Question: Do we still need to send in our LOC? Can we change our LOC?
	Answer: No, facilities do not have to send in their LOC, but they may choose to. Yes, facilities can change their LOC. LOCs will be used for staffing ratio purposes, not for T19 reimbursement.
24. Pending LOCs	Question: We have several LOC determinations pending under the old system that we are still waiting on. How will these be processed and when so that we can bill for these residents' care?
	Answer: These LOC determinations will be completed under the old system in the usual way. That is, BQA nurses will determine a LOC for all Medicaid recipients residing in a nursing through June 30, 2006. Please refer to question #13
25. T18 to T19	Question: For admissions after 7/1/06, will LOC be automatically assigned using the first full MDS or will they have to be manually assigned? Will it work the same for residents who are a straight T-19 admit vs. an admit that is T-18 and changes to T-19 after we are no longer providing skilled nursing or therapy services?
	Answer: Admissions beginning July 1 and after will have their eligibility for nursing home care determined by the algorithm as soon as their full MDS is entered in the system. In the case of a Medicare resident converting to Medicaid, anticipating a full MDS will already be in the system, EDS will automatically run the MDS algorithm.
26. MDS Determination and Retroactive Payment	Question: Will the LOC changes/ determinations be fairly immediate after the MDS is submitted? Will they retroactively adjust payment back to the date of the MDS?
	Answer: Remember, this is an <u>eligibility for nursing home care</u> determination. No LOC will be assigned by the MDS algorithm and Medicaid payment is no longer based on specific LOCs or changes in LOCs after July 1, 2006. Therefore, no retroactive payment adjustments will occur.